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U.S. HOUSE OF REPRESENTATIVES
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March 14, 2019

The Honorable Robert C. "Bobby" Scott
Chairman
Committee on Education and Labor
2176 Rayburn House Office Building
Washington, DC 20515

The Honorable Frederica Wilson
Chairwoman
Subcommittee on Health, Employment,
Labor, and Pensions
Committee on Education and Labor
2176 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Scott and Chairwoman Wilson:

We are writing to request that the Committee on Education and Labor hold a hearing on H.R. 1384, a bill to establish "Medicare-for-All," a government-run, single-payer health care system. Given this Committee's jurisdiction over employer-sponsored health insurance, we believe it is vitally important that this Committee carefully examine this legislative proposal and the unprecedented impact it would have on quality, costs of coverage, and access to employer-sponsored coverage.

Currently, 158 million Americans receive health insurance through employer-sponsored coverage which is the single largest source of health insurance in the United States.¹ Employer-sponsored coverage provides better value and lower costs for workers, who highly value this benefit. America's Health Insurance Plans studies found that this coverage for workers has lower costs per enrollee than Medicare or Medicaid, and 71 percent of workers are satisfied with their plans.² Among other issues a Committee hearing should examine is the fact that even if Americans like their health plan, under Medicare-for-All, they will not be able to keep it. Under H.R. 1384, private insurance would be eliminated within two years, posing an immediate, disruptive and dangerous threat to the care of millions of privately-insured individuals. In

¹ CONG. BUDGET OFF., FEDERAL SUBSIDIES FOR HEALTH INSURANCE COVERAGE FOR PEOPLE UNDER AGE 65: 2018-2028 (May 2018); U.S. CENSUS BUREAU, HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2017 (Sep. 2018).

² AMERICA'S HEALTH INS. PLANS, MAJORITY OF AMERICANS SATISFIED WITH THEIR EMPLOYER'S HEALTH PLAN, NEW SURVEY SHOWS (Feb. 6, 2018); AMERICA'S HEALTH INS. PLANS, COVERAGE THAT WORKS FOR AMERICANS: WHY EMPLOYER-PROVIDED COVERAGE DELIVERS VALUE FOR BUSINESS, PATIENTS, AND THE HEALTH CARE SYSTEM (JUNE 2018).

addition to workers and families who receive health coverage sponsored by their employer or union, Americans who buy private insurance in the individual market and seniors who get coverage through Medicare Advantage would also lose their current plan.

The Medicare-for-All scheme created by H.R. 1384 eliminates high-quality and affordable choices for workers and families, and also promotes an unprecedented federal takeover of our health care system that is financially irresponsible and fiscally unsustainable. While H.R. 1384 does not have a cost estimate, this bill takes a more aggressive approach than other Medicare-for-All proposals by eliminating all premiums, deductibles, and cost-sharing, and would likely exceed the previous \$32 trillion estimate.³ In addition, this bill will negatively impact our economy overall—recent analysis estimates that roughly 2 million people could lose their jobs under Medicare-for-All proposals.⁴

Republicans in Congress support policy proposals that promote free-market competition and give all Americans the right to choose what options are best for them. In contrast, H.R. 1384 and related Medicare-for-All proposals give Americans fewer choices, higher costs, and one-size-fits-all mandated, government-run care. That is why we strongly oppose any proposal to establish a single-payer health care system that will undermine private coverage and put additional financial burdens on taxpayers, workers, and families.

Congressional Democrats made Medicare-for-All proposals a key issue in the recent midterm elections and continue to promote it as a cornerstone of the House Democrat legislative agenda. Education and Labor Committee Members have led the way in writing and promoting this bill, as H.R. 1384 was introduced by a member of this Committee and is co-sponsored by key leaders of this Committee, including both of you. A hearing in this Committee would allow key questions to be asked about exactly how Medicare-for-All would improve quality, promote innovation, lower costs, or expand options. H.R. 1384 does not provide adequate details about how a transition would occur, or how the program would be financed. Members of this Committee and the American people deserve to know more about H.R. 1384 and Medicare-for-All, and that is why we are requesting this hearing. We ask that you schedule a hearing on this proposal in this Committee by April 30, and we look forward to examining the bill and discussing this important issue in that public setting.

Sincerely,



Virginia Foxx
Republican Leader
Committee on Education and Labor



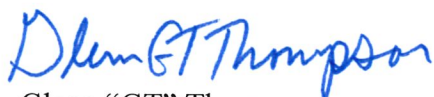
Tim Walberg
Republican Leader
Subcommittee on Health, Employment,
Labor, and Pensions

³ URBAN INS., THE SANDERS SINGLE-PAYER HEALTH CARE PLAN: THE EFFECT ON NATIONAL HEALTH EXPENDITURES AND FEDERAL AND PRIVATE SPENDING (May 2016).

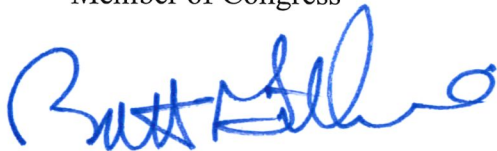
⁴ Tami Luhby, *5 unanswered questions about Bernie Sanders' health care plan*, CNN, Jan. 5, 2016.



David P. Roe, M.D.
Member of Congress



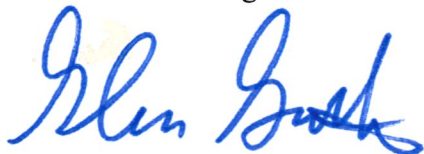
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Brett Guthrie
Member of Congress



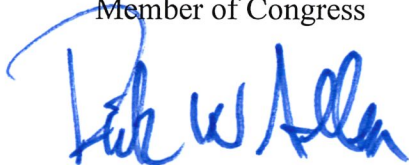
Bradley Byrne
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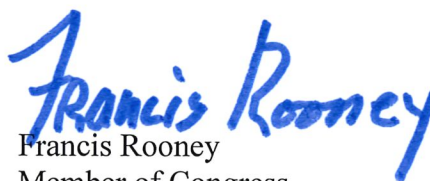
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Elise M. Stefanik
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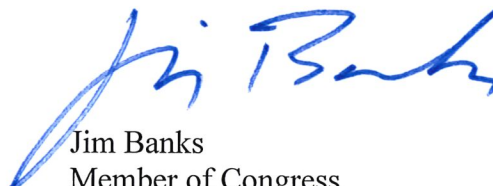
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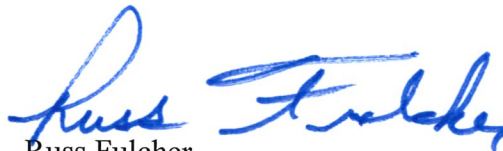
Mark Walker
Member of Congress



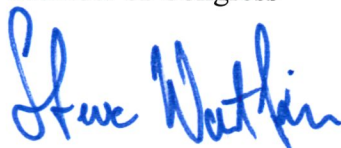
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